



Schedule by Phone
866.717.2551



Schedule Online
www.SolisMammo.com/Schedule



Fax Number
866.366.5798

PATIENT INFORMATION

Patient Name

DOB

Patient Phone Number

PHYSICIAN INFORMATION

Physician Name (printed)

Physician NPI

Date

Physician Phone

Physician Fax

Practice Name

**A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID.
PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.**

BREAST EXAMINATION REQUEST

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- 3D (Tomosynthesis) may be added to any mammography imaging order by patient request or by agreement of both patient and physician.
- Diagnostic Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Cyst Aspiration/Fine Needle Aspiration
- Breast Biopsy (Ultrasound Guided/Stereotactic)
- Contrast Enhanced Mammography (Labs/Pre-Screening may be required)

REASON FOR PROCEDURE

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

ICD-10 CODE For each indicated exam

BONE DENSITOMETRY

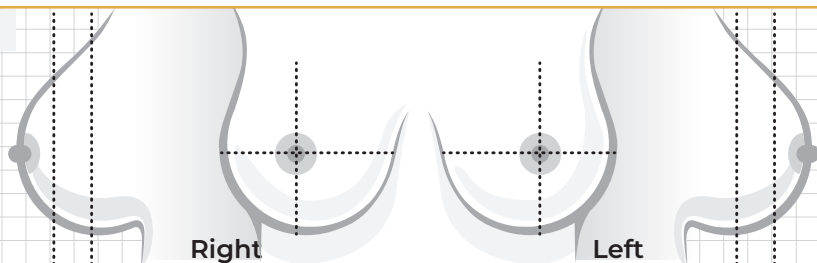
- DEXA Bone Densitometry

REASON FOR PROCEDURE

ICD-10 CODE _____

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM

Indicate Area of Concern



PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature

Date

Time

Facility address and services on reverse side.



PATIENT INSTRUCTIONS

Please arrive 15 minutes before your scheduled appointment time to prepare for your exam.

Bring this form, your insurance cards and your driver's license. Please do not bring unattended children to your appointment.

MAMMOGRAM INSTRUCTIONS

Since you will be gowning, we recommend that you wear a blouse with slacks or skirt. Please avoid the use of powder and deodorant the day of your exam. Please do not schedule your appointment one week before or during your menstrual period. To avoid a delay in interpretation, please bring any prior mammograms to your appointment.

BONE DENSITOMETRY INSTRUCTIONS

Please wear loose fitting clothing with no metal zippers or belt buckles below the waist. Please do not take any calcium supplements the day before and the day of your exam. Please note that the weight requirement for this procedure cannot exceed 300 pounds.

Greensboro Services and Location

Our Services:

- 3D Mammography™ + AI Integration
- **SmartCurve™** Comfort
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Bone Densitometry
- Contrast Enhanced Mammography



Greensboro

Solis Mammography Greensboro

1126 N. Church St., Suite 200, Greensboro, NC 27401

Providing all services